

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012173 AT

DOCUMENT # A93000000056



1. Entity Name
SPRINGTREE COUNTRY CLUB PLAZA LTD.

FILED
03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA **RJH**

Principal Place of Business
**7280 W PALMETTO PARK RD., STE. 306N
BOCA RATON FL 33433**

Mailing Address
**7280 W PALMETTO PARK RD., STE. 306N
BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

4. FEI Number **65-0389310**

Applied For Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAVER PROPERTIES, INC.
7280 W. PALMETTO PARK RD.
STE. 306N
BOCA RATON FL 33433**

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,410,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **(\$1,049,570.00)**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P01000086309**
NAME **SPRINGTREE CC, INC.**
STREET ADDRESS **7280 W. PALMETTO PK. RD., STE. 306N**
CITY-ST-ZIP **BOCA RATON FL 33433**

STREET ADDRESS _____
CITY-ST-ZIP **500017109175
04/25/03--01078--008 **141.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED **Sabga** **4/21/03** **(561) 392 2777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE